

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO. <u>10129371</u>	FILING DATE <u>4</u>			
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT						
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP
1	1				1		51				
2		1		1		1	52				
3		2		2		2	53				
4		1		1		1	54				
5		1		1		1	55				
6		3		3		3	56				
7		3		3		3	57				
8		3		3		3	58				
9	1		1		1		59				
10		1		1		1	60				
11		4		4		4	61				
12		4		4		4	62				
13		4		4		4	63				
14		4		4		4	64				
15		4		4		4	65				
16		4		4		4	66				
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39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	2		2		2		TOTAL IND.				
TOTAL DEP.	39		15		15		TOTAL DEP.				
TOTAL CLAIMS	41		17		17		TOTAL CLAIMS				

COL 4

Best Available Copy

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-870)						SERIAL NO. 10/10/93/4		FILING DATE				
						CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		NO.	OCC.	NO.	OCC.	NO.	OCC.
	NO.	OCC.	NO.	OCC.	NO.	OCC.						
1			1				61					
2							62					
3							63					
4							64					
5							65					
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31							91					
32							92					
33							93					
34							94					
35							95					
36							96					
37							97					
38							98					
39							99					
40							100					
41												
42												
43												
44												
45												
46												
47												
48												
49												
50												
TOTAL NO.							TOTAL NO.					
TOTAL OCC.							TOTAL OCC.					
TOTAL							TOTAL					